

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S47172 (9)

1. Corporation Name
BUG-A-BOO PEST CONTROL, INC.



Principal Place of Business **Mailing Address**
2600 NE 18 ST **2600 NE 18 ST**
POMPANO BEACH FL 33062 **POMPANO BEACH FL 33062**

3. Date incorporated or Qualified **3a. Date of Last Report**
04/23/1991 **04/17/1995**

4. FEI Number **Applied For**
65-0254398 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes **Yes** **No**

2. Principal Place of Business **2a. Mailing Address**

21 **26**

22 Suite, Apt #, etc. **27** Suite, Apt #, etc.

23 City & State **28** City & State

24 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent
NORTHAM, DAVID
3800 N.E. 27TH TERR.
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not stated on form.) **DATE**

12. OFFICERS AND DIRECTORS **DELETE**

TITLE **PD** **DELETE**

NAME **NORTHAM, DAVID**

STREET ADDRESS **3800 N.E. 27TH TERR.**

CITY - ST - ZIP **LIGHTHOUSE POINT FL**

TITLE **D** **DELETE**

NAME **NORTHAM, FREDA**

STREET ADDRESS **3800 N.E. 27TH TERR.**

CITY - ST - ZIP **LIGHTHOUSE POINT FL**

TITLE **DELETE**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE **DELETE**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE **DELETE**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE **DELETE**

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. **Change** **Addition**

11 TITLE **Change** **Addition**

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE **Change** **Addition**

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE **Change** **Addition**

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE **Change** **Addition**

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE **Change** **Addition**

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE **Change** **Addition**

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Northam* **J. DAVID NORTHAM** **7-28-96** **954-942-1265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/96)